# Your VSP Vision Benefits Summary

UNIVERSITY HEALTH PLANS and VSP provide you with an affordable eye care plan.

**VSP Coverage Effective Date:** 01/01/2017
**VSP Enrollment Deadline:** 12/15/2016

**VSP Provider Network:** VSP Choice

| Benefit | Description | Copay | Frequency |
|---|---|---|---|
| **Your Coverage with a VSP Provider** | | | |
| **WellVision Exam** | • Focuses on your eyes and overall wellness | $10 | Once every 12 months |
| **Prescription Glasses** | | $25 | See frame and lenses |
| **Frame** | • $120 allowance for a wide selection of frames<br>• $140 allowance for featured frame brands<br>• 20% savings on the amount over your allowance | Included in Prescription Glasses | Once every 12 months |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children | Included in Prescription Glasses | Once every 12 months |
| **Lens Enhancements** | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 20-25% on other lens enhancements | $55<br>$95 - $105<br>$150 - $175 | Once every 12 months |
| **Contacts (instead of glasses)** | • $130 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation) | Up to $60 | Once every 12 months |
| **Diabetic Eyecare Plus Program** | • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. | $20 | As needed |
| **Extra Savings** | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.<br>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. | | |
| | **Retinal Screening**<br>• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam | | |
| | **Laser Vision Correction**<br>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | |
| **Your Spring Contribution** | $159.00 Student only $429.00 Student + family | | |

**Your Coverage with Out-of-Network Providers**

Visit **vsp.com** for details, if you plan to see a provider other than a VSP network provider.

| | | |
|---|---|---|
| Exam ..... up to $45 | Lined Bifocal Lenses ..... up to $50 | Progressive Lenses ..... up to $50 |
| Frame ..... up to $70 | Lined Trifocal Lenses ..... up to $65 | Contacts ..... up to $105 |
| Single Vision Lenses ..... up to $30 | | |

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Eligibility

-Enrollee

-Legal Spouse of Enrollee

-Domestic Partner of Enrollee

-Unmarried dependent child up to age 19 or age 26 if full-time student

Contact us. **800.437.6448** | **www.universityhealthplans.com**

[1]Brands/Promotion subject to change.

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